



Mountain Spirit Healing & Education Center MsHec3

P O Box 11553, Prescott AZ 86304

(928) 421-3399

MsHec3.com

Practitioner Application

Today's Date: _____

Name: _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

Website: _____

Please answer all the questions below. Use reverse side if more room is needed.

Why do you want to join MsHec3? _____

List three professional references (name, email, phone)

List all social media platforms and how you are listed

Number of years in practice? _____

Where do you offer your services? _____

Are there any other skills or talents you can offer MsHec3 besides your practitioner/teacher skills?

When do you wish to start?

What are your offerings (describe below)	How can they be offered (person, phone, Zoom, all)	What is the price for each offering	What is the 20% discounted price

Please attach professional liability insurance for One Million coverage

I, _____,

- Agree to offer my services to clients of MsHec3 for a 20% discount from my normal fees.
- Agree that I do not and shall not **discriminate** based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.
- Everything I have stated is true to the best of my knowledge.
- I claim to honor and respect all people and will treat them with dignity.

Under federal anti-discrimination laws, a business can refuse service to any person whom we feel threatened by unless the business is discriminating against a protected class: including class, race or color, national origin or citizenship status, religion or creed, sex, age, disability, pregnancy, or genetic info, military or veteran status, marital status, sexual orientation, or gender identity, medical condition, political affiliation, or activities.

Signed: _____ Date: _____

Amount Paid _____ Date _____ Method _____ check/
PayPal/Venmo

Revised 7/27/21